

24699

State File No. 316  
Registrar's No.

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg

(b) City or town Greensville

(c) Name of hospital or institution: Muhlenberg Community  
(If outside city or town limits, write RURAL)

(d) Length of stay: In hospital or community \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Judd

(c) City or town Rural  
(If outside city or town limits, write RURAL)

(d) Street No. Chiltry  
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME Emmitt Lear

3(b) If veteran, \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

Name war \_\_\_\_\_ No. \_\_\_\_\_

4. Sex male 5. Color or race white 6(a) Single, widowed, divorced single

6(b) Name of husband or wife \_\_\_\_\_

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Feb 12 1923  
(Month) (Day) (Year)

8. AGE: Years 23 Months 9 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Judd Co.

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Richard Lear

13. Birthplace Judd Co.

MOTHER { 14. Maiden name Maril Mayes

15. Birthplace Judd Co.

16(a) Informant's own signature Frankie Mayes

(b) Address Chiltry 74

17. BURIAL, CREMATION, OR REMOVAL

Place Lear B.H. Date Nov 4 1946

18(a) Signature of funeral director Days Funeral Home

(b) Address Greensville 257

19(a) 11-8-46 (Date received by local registrar) (b) Margorie Hodge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1946

21. I hereby certify that I attended the deceased from Nov 1 1946 to Nov 2 1946 that I last saw him alive at Nov 2 1946 and that death occurred on the date stated above at 4<sup>10</sup> a.m.

Immediate cause of death Stroke Town

Due to Chronic Hypertension

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations 1316

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (g) Means of injury \_\_\_\_\_

23. Signature E. L. Galt (M. D. or other)

Address Greensville Ky Date signed 11-4-46

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.